U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - (10)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.  Answine  Tony  Answine  P.O. Sox, Bidg., Room No., if any  Street  720 Lowry Avenue  City  Jeannette  Sate  PA  ZP Code + 4  15644  State  TABLESS Agent  Enter appropriate data below if, during the past facal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the activations set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or its actively accessing to represent.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  T.A. Name of Interest. Transaction. or income.  Signature  Signature  Signature  Signature and verification. The undersigned declares under penalty of Periumand other applicable penalties of the law, that all of the information submitted in his report (including the information carbined in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned strowledge and pelet, suc, correct, and complete. (See Presention on penalties in the instructions).  Signed While Augusts  On Tables Tables and Felephone Number		T / T / 04 Through: T2 / 31 / 04
P.O. Box, Bldg., Room No., if any  Street 720 Lowry Avenue  City Jeannette  City Jeannette  State PA ZIP Code + 4 15644  5. Position in labor organization.  BusIness Agent  Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions, set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other scononic benefit of monetary value from an emptoyer whose employees your organization represents or is actively seeking to represent.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Sldg., Room No., if any  Street  City  Slate  Signature  15. Signature and verification. The undersigned declarae, under genefity of Paylory and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned Schooledge and seller, type, correct, and complete. (See the section on parallels in the instructions).  Tall Paylor Declaration of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned Schooledge and seller, type, correct, and complete. (See the section on parallels in the instructions.)  Tall Paylor Declaration of the information of the information of the information of the information in the instructions.)  Tall Paylor Declaration of the information o	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Sox, Bldg., Room No., if any  P.O. Sox, Bldg., Room No., if any  Street 720 Lowry Avenue  City Jeannette  City Jeannette  City Jeannette  City Jeannette  City Jeannette  Street 720 Lowry Avenue  City Jeannette  City Jeannette  City Jeannette  Street 720 Lowry Avenue  City Jeannette  City Jeannette  Street 720 Lowry Avenue  City Jeannette  City Jeannette  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the endusions as forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Sox, Bldg., Room No., if any  Street  Signature  15. Signature and verification. The undersigned declares, under penity of Perjury and other applicable penilities of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned to move the second on penaltes in the instructions.)  Tall Page 1000000000000000000000000000000000000	Name Tony Answine	Name Teamsters Local 30
Street 720 Lowry Avenue  City Jeannette State RA 2iP Code + 4 15644  State	(	Labor Organization File Number 036-359
City Jeannette  State PA ZIP Code + 4 15644  S. Position in labor organization.  Business Agent  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Sldg., Room No., if any  Signet  Signature  15. Signature and verification. The undersigned declares, under-penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned \$1.00 the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned \$1.00 the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned \$1.00 the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned \$1.00 the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned \$1.00 the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned state in the instructions.)  On \$1.00 the signature \$1.00 the signatory and is, to the best of the undersigned state in the instructions.	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
State PA ZIP Code +4 15644  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  S. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box. Sldg., Room No., if any  Street  City  State ZIP Code +4  State ZIP Code +4  State ZIP Code +4  T.b. Amount  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents): has been examined by the signatory and is, to the best of the undersigned knowledge and sellet, rue, correct, and complete: (See thesection on penalties in the instructions.)  On T.I.S. A. A. A. T.I.S. A.	Street 720 Lowry Avenue	Street 720 Lowry Avenue
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  5. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or Income.  7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.  Street  City  State  ZIP Code + 4  15. Signature  15. Signature and verification. The undersigned declares, under-penalty of Perjuny and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed The 10 (2003)	5. Position in labor organization.  Business Agent	
Name  Trade Name, if any:  P.O. 8ox, 8ldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under-penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed The 10 A A A A A A A A A A A A A A A A A A	A. Held an interest in, engaged in transactions (including loans) with or	derived income or other economic benefit of
P.O. Box, Bldg Room No., if any  Trade Name, if any:  P.O. Box, Bldg Room No., if any  Trade Name, if any:  7.b. Amount  Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and seller, true, correct, and complete. (See the section on penalties in the instructions.)  Signed The Advance of the Instructions on T-15-05  Date  Telephone Number		
Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed Thurp A Manuer  On T-15-05  Date  Telephone Number	Name	
Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed White Washington Contained in any accompanying documents); has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Date Telephone Number	Trade Name, if any:	
Street  City  State  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents). has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed Ruly (2003)  Date  Telephone Number	P.O. Box, Bldg., Room No., if any	
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Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed The Lay A Canal Date Telephone Number	Street	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed This is the instructions of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed This is the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  The information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  The information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned is a signatory and is, to the best of the undersigned is a signatory and is, to the best of the undersigned is a signatory and is a signatory an	City	
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  Signed This is report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete: (See the section on penalties in the instructions.)  On T-15-05  Date  Telephone Number	Sign	ature
Signed thelip 1. Museum on <u>7-15-05</u> <u>734-527-1533</u> Date Telephone Number	submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete: (See the sec	ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
Com I M 20 (7002)		on 7-15-05 724-527-1533
	form LM-30 (2003)	the second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section is a second section in the second section is a section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in th

B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. 8usiness deals with:
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name :	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$50.00 from law firm who
Trade Name, if any:	represents Teamsters Local 30.
P <sub>s</sub> O. Box, Bldg., Room No., if any	
Street 219 Fort Pitt Boulevard	
City Pittsburgh	
State PA ZIP Code + 4 15222	<i>y</i>
13.b. Is the Business an Employer x or Consultant ?	14.b. Amount of payment. \$50.00

File Number U-

Name of Person Filing

Tony Answine